

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Planning and Development Committee
February 25, 2016**

**IN SUPPORT OF
Raised H.B. No. 5283 AN ACT RESTORING STATE ASSISTANCE FOR MEDICARE PART D
BENEFICIARIES**

Senator Flexer, Representative Serra and members of the Aging Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for quality of life for individuals and families in the community. I am writing to you today on behalf of NAMI Connecticut to support Raised *HB 5283 An Act Restoring State Assistance for Medicare Part D Beneficiaries*.

In order for individuals to be able to take care of their health, they need to have access to the interventions and treatments that support their health, including prescribed medications. Individuals who are eligible for both Medicare *and* Medicaid (oftentimes called dually eligible) include people with mental health conditions. In the past, these individuals have had extra protections regarding the costs of co-pays for Medicare Part D-covered drugs. If the total amount of monthly co-pays exceeded \$15 dollars, the excess costs were covered by the state. This protection was eliminated during the 2015 legislative session with the expectation that it would save eighty thousand in FY 2016 and ninety thousand dollars in FY 2017.

Many individuals who are dually eligible have limited incomes and often deal with several health conditions, requiring multiple prescriptions. The mean number of prescriptions filled per dual eligible beneficiary is 3.4. However, 14% of beneficiaries fill 7 or more prescriptions a month.¹ The co-pays per prescription ranged from \$1.20 to \$7.40 in 2016.

Individuals who are on Medicaid only, who are at the same income level as those dually eligible, and who have their drugs covered through Medicaid, continue to have no drug co-pays. The state's policy to pay for the co-pays for individuals on Medicaid is based on data that shows that it is *cost effective* because beneficiaries who cannot afford the co-pays often forgo filling necessary prescriptions. When they do this, the likelihood of experiencing more costly emergency room visits and/or hospital stays increases. This same reasoning can hold true for individuals who are eligible for *both* Medicaid *and* Medicare. Consequently, we urge your support for HB 5283, to support individuals' health *and* prevent higher state costs by avoiding unnecessary complications and higher cost treatments due to missed medications.

Thank you for your time and attention. Please let me know if I can answer any questions for you.
Respectfully, Daniela Giordano

¹ Schore, J., Brown, R., & Lavin, B. (2003). Racial Disparities in Prescription Drug Use Among Dually Eligible Beneficiaries. *Health Care Financing Review*, 25(2), 77-90.